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CONFIRMATION NO. 3551

Bib Data Sheet

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| SERIAL NUMBER<br>10/734,356 | FILING OR 371(c)<br>DATE<br>12/12/2003<br>RULE | CLASS<br>703 | GROUP ART UNIT<br>2128 | ATTORNEY DOCKET NO.<br>GF-FG FWC7 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/661,019 09/13/2000 PAT 6,701,288 which is a CON of 09/070,612 04/30/1998 PAT 6,131,077  
 which is a CON of 08/714,193 09/16/1996 PAT 5,808,905  
 which is a CON of 08/466,361 06/06/1995 PAT 5,557,537  
 which is a CON of 08/261,760 06/17/1994 ABN  
 which is a CON of 07/876,003 04/29/1992 ABN  
 which is a CIP of 07/551,919 07/12/1990 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 03/19/2004

|  |                        |                      |                   |                         |
|--|------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>IL | SHEETS DRAWING<br>20 | TOTAL CLAIMS<br>1 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance   |                        |                      |                   |                         |
| Verified and Acknowledged<br><br>Examiner's Signature  Initials  |                        |                      |                   |                         |

**ADDRESS**

Olson & Hierl, Ltd.  
 36th Floor  
 20 N. Wacker Drive  
 Chicago, IL60606

**TITLE**

Method and apparatus for designing and editing a distribution system for a building

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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